The MEDICAL Outlook SOLDIERS
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From the Top

Army Medicine, out front and relevant!

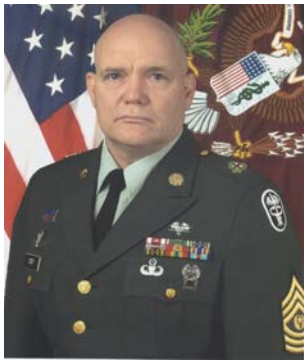
We are living and working at a time in our Army that is extremely exciting, challenging, and both physically and emotionally demanding. While medical care to all our beneficiaries must continue without any compromise, it is on the battlefield today that we are earning the respect of the Combat Arms Soldier. Without a doubt, Soldiers in the Army know that if they are injured, they will receive world-class medical care that is second to none.

Lieutenant General Kevin C. Kiley, The Surgeon General and I had the privilege to witness our Soldiers in action in both Kuwait and Iraq. While some units in this article may not be mentioned, it is not meant to be interpreted that they are an after thought. Having 5 days on the ground was not nearly long enough to visit all our Soldiers, but traveling from Arifjan, Kuwait, into Baghdad, the Anbar Province, and northwest Iraq gave us an appreciation of what our Army Medical Department is doing on a daily basis for our Soldiers, coalition forces, and local nationals.

In Kuwait, the 62d Medical Brigade was responsible for all requirements that included Army and Navy facilities by providing medical care for all in Kuwait and those transitioning thru on their way to and from Iraq, while the Surgeons cell monitored and assisted in all theater medical requirements. The Naval Reserve Level III facility, set up in Arifjan, reinforced the "One Team" concept that all patients deserve.

In our flight to Baghdad, it's the last 30 minutes of the flight that get your attention, as you fly nap of the earth all the way into Baghdad Airport. We were met by the leadership of the 44th Medical Command. It was apparent throughout the visit that BG Granger and staff had worked diligently to improve the medical care, supply, and evacuation in theater.

Among the many units that we visited, we spent some time with the medics from the 2d BDE, 10th Mountain Division. These young Soldiers had been on the ground for more than 8 months and had seen virtually every type of injury that battlefields can create. To say their knowledge of treating various types of wounds, use of tourniquets, Quick Clot, and hemostatic bandages was exceptional would be a gross understatement. They were quick to point out to TSG what worked and what did not. Their professionalism and candor represented the 10th Mountain Division proudly. Everywhere we went we were greeted by enthusiastic health care providers that understood what they traveled 6,500 miles to bring to America's finest. As always, the senior Army leadership of XVIII Airborne Corps was quick to point out their indisputable trust in our medical technology and treatment for their Soldiers. We spent 1 day in Balad with the 261st, 32d Med Log Bn, and 54th Air Ambulance Co. Together, these organizations ensured that all medical units had the required Class VIII by centralized distribution and Forward Distribution Teams throughout the entire theater. Our ground and air ambulance companies are getting the job done superbly, regardless of the improvised explosive devices (IEDs) that constantly plague our ground and air evacuation. The insurgents have created a new tactic of waiting for our medical responders to detonate a secondary IED, but we quickly adapt and overcome all of their elementary and unethical changes to warfare.



David A. Eddy
CSM, USAMEDCOM

In the International Zone, we got to see the 86th CSH in action when a MEDEVAC flew in three IED patients. This particular MEDEVAC mission had been hit by a secondary explosion which luckily for the crew, only threw fragmentation into the rotor blades. We left the 86th CSH with a sense of being totally surrounded by unknowns since it sits in the middle of the city. Without a doubt the 86th has and will continue to raise the bar of excellence during their 12 month deployment.

Visiting the Abu Graib Confinement Facility provided both the realities of holding and treating detainees, to include the living and working conditions of that facility. Suffice it to say that this daily routine of dealing with detainees is demanding, but our Soldiers of the 115th Field Hospital are performing in a superlative manner. It was evident that all prisoners are treated humanely along with receiving a level of medical care their country simply cannot provide at this time. We also had the pleasure of meeting the Marines at Fallujah, in which LTGs Vines and Kiley rededicated the medical treatment facility after LTC Mark Taylor, who perished in a mortar attack.

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While Iraq can still be considered the wild-wild west, we did get to fly over the vast desert on our way to Mosul to visit our Soldiers and participate in an NCO Induction Ceremony. While in Mosul, we got a firsthand look at the protection body armor provides. One Soldier was shot in the upper portion, backside of the flak vest. The Kevlar plate stopped the bullet from penetrating the Soldiers skin, leaving an immense bruise. Considering that a projectile was traveling over 3,000 feet per second, and saved this Soldiers life, speaks volumes to the type of protection we use and is a testament that America's innovation is second to none.

Last but not least, all of our Soldiers, both in theater and abroad (all inclusive), are raising the medical bar of excellence everyday. This is not just our own biased view, but by the assessment of our injured patients and the Army leadership. They are quick to point out their absolute trust in what you do for them everyday. Being a medic in the military is the most honorable profession known to mankind. Thank you for your professionalism and devotion to our cause.

"One Team"

Degree programs available to Army personnel

The SOCAD – Servicemembers Opportunity Colleges Army Degree – consists of colleges that offer associate and bachelor's degree programs on, or accessible to, Army installations world-wide.

The SOCAD website is **http://www.soc.aascu.org/**. On the main web page, links are provided for Soldier-students, Army approved specialized education initiatives, SOCAD publications and forms, college reps, Army education counselors, and participating colleges and degree networks are found on the left side of *each* web page.

In the SOCAD student's section, information includes: how to participate, how credit is awarded for your military training and experience, responsibilities, and frequently asked questions. A link to request your AARTS transcript is also provided.

The SOCAD Army Career Degree Program (ACDP) website is **http://www.soc.aascu.org/socad/ACD.html**. The ACDP provides Soldiers credible college degree options from civilian colleges directly related to their occupational specialty. The ACDP allows Soldiers to complete college degrees through distance learning anywhere in the world. For questions, send an e-mail to **socad@asscua.org** or **contact:** 1-800-368-5622 toll-free.

AMEDD Support of the War Effort

The Academy of Health Sciences, AMEDDC&S, has produced six Exportable Training Packages from various AMEDDC&S teaching department classroom presentations. The packages are:

- Brigade Surgeons Course
- Medical Ethics and Detainee Operations
- Combat Application Tourniquet System (CATS)
- Basic Leadership Course
- Compassion Fatigue
- Tactical Combat Casualty

Due to file size, they are not viewable via the web, but are available for download in a "zipped" format. To download, go to the following URL: **http://www.cs.amedd.mil/docs/Deans-training.htm**. Specific information concerning each program can also be found at this website. For details, **contact:** Dr Freeman, Supervisor, Instructional Systems Specialist, Multimedia Development Branch, 471-9280 or (210) 221-9280. To order these programs, **contact:** Nonresident Instruction Branch, DSN 471-4809, (210) 221-4809, or e-mail **accp@amedd.army.mil**.

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Commander: MG George W. Weightman
Chief, Department of Academic Support & Quality Assurance: Neta T. Lesjak
Editor: Donald W. Aldridge

LESSONS LEARNED

After Action Report

The information contained in the following After Action Report includes the views and opinions of the authors and does not necessarily reflect those of the AMEDD Journal, the AMEDDC&S, or the Army Medical Department.

Medical Recommendations for Maneuver Units Deploying to Iraq

These issues and recommendations came from the following experiences of our task force:

- Pre-Deployment
- Pre-Combat preparations in Kuwait
- Multiple battles while subordinate to both 3d Infantry Division and the 101st Airborne Division (Air Assault)
- The subsequent security and stability operations (SASO), operations in Baghdad and Abu Graib, Iraq

Soldier Readiness/Force Protection

Issue 1: ***Eye & Eardrum Injuries.*** Improvised Explosive Devices (IEDs) (a.k.a. home-made bombs) are common weapons used against coalition forces. We have 1-3 IEDs on roads in our area or responsibility every 24 hours. These have caused many eye injuries (three Soldiers blinded-including one enucleation [surgical removal of the eye], eight other nonblinding, penetrating globe injuries) and eight tympanic membrane (eardrum) ruptures.

Recommendation: Ensure every Soldier has both clear and tinted ballistic eye protection (EyePro) issued at home station along with properly fitted triple-flange hearing protection (EarPro). Soldiers who wear corrective lenses should have 2 pairs of BLIP inserts and both tinted and clear BLIP goggles. Check at PCC/PCIs. Additional EyePro and EarPro should be brought to refit at least ½ of the task force to replace for loss or damage. Wear should be mandatory when not on coalition secured bases.

Issue 2: ***Chronic Medications.*** Chronic medication refill has been very difficult to accomplish in theater. Normal Class VIII supply channels have failed to meet this mission. The 28 CSH supports chronic medication resupply. Usually, they only issue a 30 day supply. Some of the more "exotic" medications, especially psychotropics, are still difficult to get (i.e Adderal and Dextrostat). Some Soldiers were referred off-post by Tricare and taking civilian prescribed and dispensed medications, but did not divulge that information until they ran out. One such Soldier was on three psychotropics and we were unable to refill his medications for 3 months. He was later psychiatrically evacuated. I go to the 28 CSH weekly with our Field Operations Officer (FOO) when he goes to the contracting office next door to the CSH for financial business. This is convenient.

Recommendation: Ensure all Soldiers on chronic medications are identified including any seen off-post (included is a copy of my tracking matrix). It's best if Soldiers had a 90 supply of chronic medications, plus the medical platoon maintained another 9 month supply. This ensures Soldiers don't run out.

Issue 3: ***Combat Lifesaver & Field Sanitation Training.*** Combat Lifesaver and Field Sanitation classes are offered, but Soldiers have been unable to attend due to operations tempo.

Recommendation: Certify all Combat Lifesavers and Field Sanitation Team members just prior to deployment so they are current during the whole rotation. This worked for us.

Issue 4: ***Vaccinations.*** Vaccination resupply is another failure. Soldiers are overdue on many vaccinations. Access to MODS is limited to nonexistent.

Recommendation: Ensure vaccination of Soldiers prior to deployment so that it is not necessary until after redeployment (i.e Soldier had an MGC 4 years ago, he's current, but will need vaccination while deployed. Vaccinate this Soldier at pre-deployment, so you won't have to here). Some will still need vaccination in-country, but it helps. Maintain a digital vaccination database and ensure MODS and all DD 2766s are current prior to deployment. We also pulled the vaccination records from the HREC and placed them in the DD 2766 (even though they are supposed to stay in the HREC).

Issue 5: ***Permethrin Treated Uniforms.*** Sand Flies (with leishmaniasis) and mosquitoes are a problem. Permethrin IDA kit treatment of uniforms was not ensured prior to deployment due to last minute issue of uniforms and IDA kits.

Recommendation: Treat all uniforms (IDA kits) and mosquito nets (aerosol cans) with permethrin. Ensure all Field Sanitation Kits are to FORSCOM standard. NOTE: Most Soldiers get bitten by sand flies on exposed skin areas while sleeping. Sand flies are weak fliers, a fan blowing over a sleeping Soldier may reduce bites. In the same room, the PROFIS Surgeon would get bitten several times and I never did, thanks to a fan.

Medical Equipment Sets/Medical Supplies

Issue 1: ***Class VIII Re-Supply.*** Class VIII resupply to battalions is a failure theater-wider. The issue was addressed through every level of command to corps.

Recommendation: Ensure all MES are 100% stocked. Bring double all expendables from MES Trauma and Sick Call for resupply.

Add the following medications to the MES Sick Call:

Deconamine capsules (Chlorpheneramine mealate/pseudoephedrine) capsules, monthly use = 3 bottles of 100

Entex PSE (guafenesin/pseudoephedrine) tablets, monthly usage = 3 bottles of 100

Percocet (acetaminophen/oxycodone) tablets, monthly usage = 1 bottle of 100

Add the following items to MES trauma:

Etomidate Injection for induction during rapid sequence intubation (RSI)

Vecuronium injection for paralysis during RSI

Midazolam injection for sedation during RSI

NOTE: I have not had to use these yet.

Double the amount of the following medications in MES Sick Call:

Fexofenadine (Allegra) 180 mg tablets, monthly usage = 2 bottles of 100, due to increase in allergic symptoms

Ciprofloxacin (Cipro) 500 mg tablets, monthly usage = up to 4 bottles of 100, due to outbreaks of Traveler's diarrhea (1/2 tab po bid for 3 days)

Ibuprofen (Motrin) 800 mg tablets, monthly usage = up to 2 bottles of 100, due to outbreaks of Viral Syndrome with fevers, myalgias and arthralgias

Acetaminophen (Tylenol) 325 or 500 mg tablets or capsules, monthly usage = up to 3 bottles of 100, also due to Viral Syndromes

Issue 2: ***Pediatric Supplies.*** Iraqi pediatric emergencies present to the aid station. MES Trauma and Sick Call don't have pediatric supplies. We had two pediatric emergencies die in the aid station who may have survived with pediatric equipment.

Recommendation: Have an M5 aid-bag with pediatric emergency equipment including butterfly needles, small IV catheters, micro-drip IV sets, introsseous needles, small sized laryngoscope blades, size 2.5 to 6 endotracheal tubes, pediatric BVM, etc.

Issue 3: ***Under-Performing Medical Equipment.*** Certain items in the MES Trauma do not perform satisfactorily. These include:

Nu-Trake and Rusch Cricothyroidotomy Kits. The only indication we had for cricothyroidotomy was severe maxillofacial trauma which included bleeding into the hypopharynx and lower airway. These kits don't prevent bleeding to the lower airway or allow the passage of an 18 Fr catheter to suction the lower airway. My solution to this was to use a surgical technique, dilation of the incision using a nasal speculum and insertion of a 6 mm cuffed endotracheal tube through the dilated speculum.

Recommendation: Obtain 2 boxes (10 each) of 6.0 mm cuffed endotracheal tubes and some extra nasal speculums, or order commercial alternatives, such as cuffed tracheostomy tubes. Commercial alternatives are not re-supplied through the normal Class VIII channels.

SAM Splints for Lower Leg & Ankle Injuries. These are too unstable for the lower legs, even when used as an L&U. Empty cardboard boxes are everywhere, so I prefer to use a folded or rolled cardboard box with padding to splint the lower knee, leg and/or ankle. This was very stable and efficient, but not very attractive looking.

Recommendation: Order commercial splint kits or use field expedient methods. Commercial alternatives are not re-supplied through the normal Class VIII channels.

Issue 4: ***Medical Aid Bags.*** The Combat Medic Vest/Aid Bag Set is too bulky to quickly enter and exit the hatches of armored vehicles. M5 aid bags are too small to carry all the supplies needed. There is no aid bag for the Surgeon or the PA. The medics need to travel with an aid bag every time they leave the Forward Operating Base (FOB) (the base camp).

Recommendation: All medics were issued a Blackhawk S.T.O.M.P II Aid bag (there is an NSN for it, but I don't have it, see **www.blackhawkindustries.com**) and the Surgeon and I were issued SkedCo Trauma Rucks for trauma (NSN 6530-01-472-4889, PACK MEDICAL JUMPABLE, $416.00) and a M17 "tri-fold" aid bag for sick call (NSN 6545-01-161-7145). This is useful for house calls to subordinate units at satellite locations. The SkedCo ruck may seem like overkill, but I had mine on a mission where an NCO picked up a BLU-97 cluster bomblet and it went off killing him and wounding three others, including myself. By the time it was done, I had run out of bandages, splints, and IV fluids. In my opinion, more is better.

Medical Training and Standards of Care

Issue 1: ***Medic Experience & Confidence.*** Experience and confidence were lacking among the medics. The scope of practice of a certified 91W is adequate. Our medics gained experience with casualties from the attacks into Iraq. They gained experience from Iraqi on Iraqi violence, motor vehicle crashes, injuries from Unexploded Ordnances (UXOs), and continuing U.S. casualties. In particular, the extent of dramatic injuries would distract medics from systematic approach to casualties. Most casualties are occurring at night. The darkness is a tactical benefit to the enemy, but the presents a challenge for the medics to work in.

Recommendation: Focus training on triage and treatment of single and multiple casualties in full battle gear with their assigned aid-bags at night with the best simulated casualties possible.

Issue 2: ***Combitubes.*** The medics were hesitant to use the Combitube airway, which has proven easy-to-use, fast, and effective. Once they gained confidence in this, it has proven a valuable BLS tool, especially with airways complicated by blood, secretions and vomitus. But it took some confidence building and reinforcement in AARs to get them to use it.

Recommendation: Ensure all medics are competent and confident in the use of the Combitube and that they all carry one in their aid bag (to save space, take it out of the box and put it in a one gallon zip-close plastic bag).

Issue 3: **Surgeon/PA ATLS.** ATLS procedures are required on several patients. I have performed endotracheal intubation, surgical cricothyroidotomy, tube thorocostomy, needle chest decompression and venous cut-down. I could have benefited from more experience prior to deployment.

Recommendation: Ensure appropriate ATLS training of all Surgeons and PAs.

Medical Platoon Operations

Issue 1: ***BAS Operations.*** The medical platoon is limited on enlisted personnel. Each line company has their assigned medics, and there are several details around the FOB including guard duty. This leaves only nine enlisted members, not including the platoon sergeant available for duty.

Recommendation: We use the following techniques to operate the BAS:

- A 3-medic treatment team at the BAS at all times.
- Either the Surgeon or I am always on the FOB to ensure professional care.

- We have a 1st Up M113 ambulance crew ready to roll out at all times (their aid-bags and battle gear are in the aid- station when on duty).
- A 2d Up crew is ready to roll-out once the 1st Up crew is sent on a mission.
- The medics on other details are recalled for serious incidents.
- Every morning, the medics complete Treatment Room and Ambulance Checklists to verify that all items critical to Medical Platoon Operations are present and functional.
- The Treatment Room NCOIC for the day ensures that all checks are complete and notifies the Surgeon or PA when they are complete.

This is efficient and works for us.

Issue 2: ***Computers.*** The platoon deployed without a computer. This made us depend on other sections for automation to complete weekly and monthly reports, type memorandums, and process Class VIII requests.

Recommendation: Deploy with at least a laptop computer. A printer is also useful.

(Patrick Williams , 1LT, Physician Assistant/Medical Platoon Leader , 3d BCT, 1st Armored Division,19 Oct 03)

AMEDD Correspondence Program update

Enrollment – Soldiers who wish to enroll in self-development courses or subcourses of the AMEDD Correspondence Course Program must submit an application over the Internet. The website is **https://atrrs.army.mil**. Scroll down the right side under Channels for Self-Development. Click to open the application.

Web-Based Instruction – There are now more than 110 subcourses offered via the General Dennis J. Reimer Training and Doctrine Digital Library with more being added. To view these subcourses, access website **www.train.army.mil** and click on the Reimer Digital Library tab. Under *Type*, select *Correspondence Courses*. Under *School*, select *Medical* and click on submit and you will find the complete list of subcourses offered by the AMEDDC&S. To receive credit hours, students must enroll through the ATRRS website (**https://atrrs.army.mil**) mentioned above.

For more information, **contact:** Nonresident Instruction Section, DSN 471-5877, (210) 221-5877, or 1-800-344-2380 toll-free.

91Y2 Removal and Sustainment

Congratulations to all of those who have met or will soon meet the standards required for removal of your Y2. Now the most critical part of remaining MOS-qualified is sustaining your MOS skills as a 91W. **Sustainment** must be completed prior to Y2 removal and reregistering for the EMT National Registry.

All 91Ws should register at the Medical Operational Data Systems (MODS) website at **www.mods.army.mil** in order to review your records and qualifications. Scroll over the 91W button, select your location (CONUS/Asia), and follow the instructions. At a minimum, you must fill out all the information in red. At the bottom of the page to the right, click on "view your own record," then "submit." Your record will be sent via an e-mail from the MODS Help Desk. If you have any problems/ questions, please contact the MODS Help Desk at DSN 761-4976, COM 1-888-849-4341, or e-mail **mods-help@asmr.com.**

Points of contacts for the 91W transition are: MEDCOM – Mr. Opio, DSN 471-7030, (210) 221-7030 or e-mail **Roger.Opio@AMEDD.ARMY.MIL**, and Health Services Branch – Mr Pearson, DSN 221-3064, COM 703-325-3064, or e-mail **pearsoj2@hoffman.army.mil**.

The MEDPROS Unit Status Report (USR) Tool

The Army's Medical Protection System (MEDPROS) is now the standard source of information on individual and unit medical readiness. Due to upcoming changes in the USR, the MEDCOM MEDPROS Program Office has developed a MEDPROS USR Report Tool which will enable commanders to identify delinquencies in their personnel's medical readiness. A revised AR 220-1 (Unit Status Reporting), expected to be implemented by year-end, places added emphasis on individual medical readiness (IMR).

The new IMR elements in the revised AR 220-1 are:

– Immunizations – Requires the Routine Adult Immunization Profile (Hep A, Tetanus/Diphtheria, and Influenza [AC])
– Periodic Health Assessment – Requires current physical exam as defined in AR 40-501, paragraph 8-19

The MEDPROS USR Tool provides a snapshot of the unit at the time the report is retrieved. It can be used not only to complete the USR worksheet and report, but also to resolve medical delinquencies before they are reported. If commanders run the report before the USR is due, they can identify delinquent Soldiers and get their medical readiness updated before the USR report date, and avoid the negative impact on the unit's Personnel Rating.

In order for this tool to be effective, commanders must ensure their Soldiers' medical data is available and current in MEDPROS, and that the personnel data is updated in the Electronic Military Personnel Office, which is the USR source of assigned personnel. Commanders should also maintain sufficient MEDPROS users within their units. For MEDPROS access, go to **www.mods.army.mil**. For more information, **contact:** MAJ Moore, MEDCOM MEDPROS Program Manager, DSN 471-7184 or (210) 221-7184.

91WM3 Dialysis Technician Course

Great opportunity for 91WM6s with1 year experience

The Army is experiencing a shortage in M3s. The Dialysis Specialty Course (300-M3) provides selected AMEDD enlisted personnel with knowledge and skills required to perform safe and effective hemodialysis treatments. Specific training includes principles of dialysis, machine preparation and operation, dialysis in the combat theater, and biomedical nephrologic technology. The 300-M3 (Dialysis) Course is offered under AMEDDC&S (Department of Nursing Science) proponency at Walter Reed Army Medical Center. The course is 20 weeks long, providing 800 hours of instruction, including 480 hours of clinical practicum with emphasis on dialysis in the combat theater. The additional skill identifier M3 is awarded.

The course is open to active duty SGT and below, Reserve Component SGT and below, and DOD civilians. Active duty SGT promotable and above are not eligible, however, a wavier is possible through the AMEDD Personnel Proponent Directorate. For course prerequisites and class dates, go to **https://atrrs.army.mil.** Open the course catalog in the upper right corner and enter 300-M3 in the space for course number. Select the Fiscal Year desired. Click on "Search the ATRRS Catalog" and click on 300-M3. For more information, **contact:** LTC LeRoux, DSN 471-6172, (210) 221-6172 or MAJ Hines, DSN 471-6302 or (210) 221-6302.

Enlisted Life Cycle Model

The Medical Enlisted Life Cycle Model for each Medical MOS and ASI is now available on AKO and the Enlisted Corps website. This allows you to plan your career and the training needed at each grade level. This model will be updated continually and doctrinally as requirements change in the Medical Enlisted Corps.

To view the life cycle models, access the AKO Homepage. Go to the left side of the screen to find "Army Organizations." Click on MACOMs and scroll down to Medical Command and click on it. Next, click on "View Subgroups" and when they appear, scroll down to *AMEDD Enlisted Corps* and click on it. Below the picture of the MEDCOM CSM you will see a link for the "Medical Enlisted Life Cycle." Click on this and a Microsoft Excel Spread sheet will appear with all MOSs and ASIs. Find yours and click on it and scroll up, down, left, or right to find the information you need. **Contact:** SGM Dennis Wheeler, Enlisted Corps Specific Branch Proponent Officer, DSN 471-6674 or (210) 221-6674.

AMEDD Personnel Proponent Directorate (APPD)

The APPD was created to monitor and aid in the management of the AMEDD Force. One of its goals is to ensure that new members of the AMEDD community meet the training standards of their particular specialty. Their successful graduation from MOS training will significantly enhance career opportunities and help prepare them for the transition to civilian life. For more information, check the website at **http://appd.amedd.army.mil**.

AMEDD Additional Skill Identifiers (ASIs)

The Army offers a variety of ASIs for Soldiers holding 91 Career Management Field MOSs. Below is a list of AMEDD MOSs that have ASIs associated with them.

91A (Medical Equipment Repairer) ASI M1 (Deployable, Computed Axial Tomography [CAT] Scan maintainer and repairer)

91E (Dental Specialist) ASI N5 (Dental Laboratory)

91E (Dental Specialist) ASI X2 (Preventive Dentistry)

91K (Medical Laboratory Specialist) ASI M2 (Cytology Specialist)

91K (Medical Laboratory Specialist) ASI P9 (Biological Sciences Assistant)

91P (Radiology Specialist) ASI M5 (Nuclear Medicine Specialty)

91S (Preventive Medicine Specialist) ASI N4 (Health Physics)

91P (Radiology Specialist) ASI M5 (Nuclear Medicine Specialty)

91S (Preventive Medicine Specialist) ASI N4 (Health Physics)

91W (Health Care Specialist) ASI M3 (Dialysis Specialty)

91W (Health Care Specialist) ASI N3 (Occupational Therapy)

91W (Health Care Specialist) ASI N9 (Physical Therapy)

91W (Health Care Specialist) ASI P1 (Orthopedic Specialty)

91W (Health Care Specialist) ASI P2 (Ear, Nose, and Throat Specialty)

91W (Health Care Specialist) ASI P3 (Eye Specialty)

91W (Health Care Specialist) ASI Y6 (Cardiovascular Specialty)

91W (Health Care Specialist) ASI Y8 (Immunology/Allergy Specialty)

To learn more about the APPD, visit the website at **http://appd.amedd.army.mil**. **Contact:** APPD Enlisted Division, DSN 471-9963 or (210) 221-9963.

The Basic Industrial Hygiene Course (BIH/6H-F11)

The Environmental Quality Branch went on the road this year to Landstuhl, Germany, and to Japan and Korea in 2003. There is a great cost savings in taking a few instructors to train Soldiers vs sending an entire class to the AMEDDC&S. The course is open to officers, enlisted, and DOD civilians, and focuses on the recognition, evaluation, and control of occupational health hazards encountered in the workplace. The course is also taught 5 times per year at Fort Sam Houston.

For future locations and training dates, **contact:** SFC Martin, Environmental Quality Branch, Department of Preventive Health Services, DSN 471-7240 or (210) 221-7240.